V.S. No. 600
Rev. 10-48

FILED NOV 5 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38894

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6162 Registrar's No. 49

1. PLACE OF DEATH
a. COUNTY Stone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Reeds Spring R.
c. LENGTH OF STAY (in this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Stone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) 1040 0
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) A c. (Last) Fly

4. DATE OF DEATH (Month) Oct (Day) 23 (Year) 1957

5. SEX M
6. COLOR OR RACE Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan 19-1891
9. AGE (In years last birthday) 66-9-4 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common
10b. KIND OF BUSINESS OR INDUSTRY Labarer
11. BIRTHPLACE (City and State or Foreign Country) Barry Co. Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Harris W. Fly
13b. MOTHER'S MAIDEN NAME Ida M McNeely
14. NAME OF HUSBAND OR WIFE Lola Fly (Dead)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. 488-24-2711
17. INFORMANT'S SIGNATURE OR NAME Meriel Henderson ADDRESS Reeds Spring

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH 2 yr.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 0

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* -1- *19*56, *to* 10-23, *19*57, *that I last saw the deceased alive on* 10-22, *19*57, *and that death occurred at* 8:40 *m., from the causes and on the date stated above.*

23a. SIGNATURE W. P. Cottrell (Degree or title) M.D. 0
23b. ADDRESS Reeds Spring, Mo
23c. DATE SIGNED 10-26-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Oct 27/1957
24c. NAME OF CEMETERY OR CREMATORY Cape Fair
24d. LOCATION (City, town, or county) (State) Cape Fair Mo

DATE REC'D BY LOCAL REG. Oct. 29-57
REGISTRAR'S SIGNATURE J. Elmer Brosseau per Lena Murray
25. FUNERAL DIRECTOR'S SIGNATURE Everett J. Cheatham ADDRESS Galena Mo

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

_____ Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed Everett J. Cheatham

Licensed Embalmer No. 3870

P. O. Address Helena Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.